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EFFECT OF PERMANENT CHANGE OF STATION (PCS) POLICY
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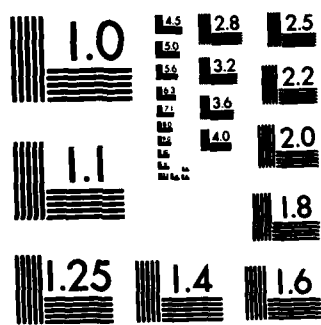
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EFFECT OF PERMANENT CHANGE OF STATION (PCS)
POLICY CHANGES ON
NURSE CORPS CAREER DEVELOPMENT

by

Edith A. Poland

Thesis Advisor:

P. R. Milch

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Effect of Permanent Change of Station (PCS) Policy
Changes on Nurse Corps Career Development

by

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Commander, Nurse Corps, United States Navy
B.S., University of Utah, 1977

Submitted in partial fulfillment of the
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ABSTRACT

The increasing concern regarding escalating Permanent Change of Station (PCS) costs within the Navy has prompted this examination of the U.S. Navy Nurse Corps (NC) career development as it pertains to three types of PCS moves, Operational, Rotational, and Training. Five network representations encompassing the two NC career pathways, Management and Clinical Practice, were constructed with respect to these three types of PCS moves. Utilizing the Officer Longitudinal Master File historical tour lengths were analyzed from 1952 through 1983 with emphasis placed on the most recent five year period. Although tours of duty at a variety of medical care facilities are necessary for the development of the registered nurse as a Naval officer and as a military nurse, the approximately 350 billets located outside of the contiguous United States were viewed as the primary driving force of NC PCS moves. The variable tour lengths based upon duty station location and accompanied/unaccompanied status were identified as potential problems in projecting the effects of PCS policy changes.

TABLE OF CONTENTS

I.	INTRODUCTION	9
	A. PERMANENT CHANGE OF STATION (PCS) POLICY . . .	11
	B. OBJECTIVES OF RESEARCH	13
II.	NAVY'S PERMANENT CHANGE OF STATION (PCS) POLICY	14
	A. PCS COSTS	16
	B. CURRENT TOUR LENGTHS	19
III.	NURSE CORPS CAREER DEVELOPMENT	21
	A. BACKGROUND	21
	B. NURSE CORPS CAREER GUIDELINES	24
	C. CAREER PATHWAY	28
IV.	NETWORK REPRESENTATION OF CAREER PATHS	32
	A. NC CAREER PATH REPRESENTATION	32
	1. Assumptions	38
	2. Management (Typical/Inpatient) Career Pathways	42
	3. Clinical Practice Pathways	43
	B. SUMMARY	48
V.	ANALYSIS OF HISTORICAL TOUR LENGTH TRENDS	51
	A. DATA ANALYSIS	51
	B. DISCUSSION	60
VI.	CONCLUSIONS AND RECOMMENDATIONS	61
	A. CONCLUSION	61
	B. RECOMMENDATIONS	63
	APPENDIX A: NAVAL MEDICAL COMMAND GEOGRAPHIC LOCATIONS	65

APPENDIX B: NAVY OFFICER BILLET CLASSIFICATION	67
APPENDIX C: OVERSEAS TOUR LENGTHS	68
APPENDIX D: CLASSIFICATION SYSTEM FOR THE NURSE CORPS, 2900	70
APPENDIX E: OVERSEAS NURSE CORPS BILLETS	73
APPENDIX F: PROJECTED PROMOTION PLAN	78
LIST OF REFERENCES	81
INITIAL DISTRIBUTION LIST	83

LIST OF TABLES

1.	TYPES OF PERMANENT CHANGE OF STATION MOVES	12
2.	ENTITLEMENTS AS A PERCENTAGE OF TOTAL PCS BUDGET (NAVY)	17
3.	NAVAL MEDICAL COMMAND OP, ROT, TRA PCS COSTS FY 81-84	18
4.	NURSE CORPS OP, ROT, TRA PCS COSTS FY 81-84 . . .	18
5.	NURSE CORPS OFFICER DISPERSION	23
6.	NURSE CORPS PATHWAYS	29
7.	DEFINITIONS OF TERMS UTILIZED IN TOUR MODEL . . .	34
8.	NURSE CORPS BILLETS BY SELECTED SUBSPECIALITY CODES	46
9.	NURSE CORPS DATA BASE	51
10.	NURSE CORPS DATA BASE: TYPE ASSIGNMENT	53
11.	NURSE CORPS DATA BASE: GRADE	53
12.	NURSE CORPS DATA BASE: YEAR, FREQUENCY, MEAN TOUR LENGTH	55
13.	NURSE CORPS DATA BASE 1979-1983	56
14.	NURSE CORPS DATA BASE: 1979-1983 FREQUENCY, MEAN TOUR LENGTH, YEAR AND TYPE ASSIGNMENT BY GRADE	58
15.	OVERSEAS NURSE CORPS BILLETS: ATLANTIC	74
16.	OVERSEAS NURSE CORPS BILLETS: PACIFIC	76
17.	PROJECTED PROMOTION PLAN	79

LIST OF FIGURES

3.1	Nurse Corps Career Planning Guide	25
4.1	Network Representation of a NC Career Path	33
4.2	Network Representation of a NC Career Path: Example	37
4.3	Network Representation of Management Career Path: MMTF	40
4.4	Network Representation of Management Career Path: SMTF	41
4.5	Network Representation of Clinical Practice Career Path	44
4.6	Network Representation of Nurse Anesthetist Career Path	47
4.7	Network Representation of Operating Room Nurse Career Path	49

I. INTRODUCTION

In an endeavor to minimize the costs of defense, the Department of the Navy has initiated various changes to the permanent change of station (PCS) policies governing the movements, or transfer, of its personnel. The procedures and policies governing PCS moves have been of special interest to Congress, for many years. This concern is primarily due to escalating costs as well as the perceived impact that the lack of continuity accompanying these moves has on national defense.

While the Department of Defense has been responsive to Congressional concerns and inquiries, the military services in general, and the Navy specifically, postulate that multiple tours are required of the military member if our commitments to national security are to be met. The services contend that the progressive movement through sequentially different and more challenging tours assist in the development of their officers as managers in both their warfare and subspecialty areas [Ref. 1: p. 10]. This philosophy coupled with the national strategic requirements which force our military members to serve in locations outside of the continental United States or on board military vessels serves as the driving force for the necessity of PCS moves.

However, the military services are not unique in this policy. As Pinder has pointed out "the systemic movement of personnel to meet manpower shortages and other organizational needs has for many years been a common practice of many North American employers" [Ref. 2: p. 281]. He continues by providing the following reasons for employee transfer: [Ref. 2: pp. 282-283]

1. the need of organizations to adapt to various work force exigencies created by voluntary and involuntary turnover as well as organizational changes;
2. the needs of organizations to train, educate, and socialize managers in preparation for eventual movement into senior executive positions;
3. transfers can be the source of both intrinsic and extrinsic motivation.

Pinder feels that the first-hand experience that an individual gains by becoming involved in an organization's operations at various job locations can stimulate that individual to utilize and develop new and different skills. This experience also contributes to the individual's ability to visualize the organization as a whole and to understand how his/her efforts contribute to mission accomplishment. When promotion accompanies transfer, the potential for the individual to realize these skills is greatly enhanced [Ref. 2: p. 284]. Continuing in this vein Arima has stated that "from the standpoint of the individual, job changes provide opportunities for professional development, promotions, and advancement in the organizational hierarchy. Taken together, the interaction of the organizational and individual perspectives over time creates careers" [Ref. 3: p. 1]. The military services have been proponents of this philosophy, and the Navy specifically has constructed its career planning guides to reflect and incorporate this position.

As commissioned officers in the United States Navy, members of the Nurse Corps are subjected to this same philosophy governing career development. While some will argue that a nurse can excel and advance without leaving the hospital setting, this practice would not prepare the individual for the leadership, managerial and clinical expertise that is required of a naval officer who is also a nurse and

confronted with assignments that were once considered quite unconventional.

The literature provides various interpretations to such phrases as "career planning" , "career", "career pathways", and "career management". Consequently, in the interest of clarity the following definitions or explanations have been adopted from Guttridge: [Ref. 4: p. 39]

1. career: ways, routes, paths that individuals follow by means of a sequence of consecutive work roles and experiences in pursuit of a commitment to an occupation and/or organization;
2. career development: as applied to the organizational setting--the systemic approach for guiding the entry and movement of human resources through the organization:
 - a) career planning: the individual's perspective and locus of control; the process of deciding upon paths that will be followed to attain desired goals;
 - b) career management: organizational perspective and locus of control; process whereby the employer endeavors to match individual interests and capabilities with organizational opportunities through a planned program; and,
3. career pathway: route, way, path that an individual can follow to attain vocational objectives.

A. PERMANENT CHANGE OF STATION (PCS) POLICY

The Department of Defense (DOD), classifies six types of PCS moves. These are enumerated and defined in Table 1 [Ref. 5: p. 24]. The percentages of the total number of moves for each type are also given. Over 60% of these moves are associated with accession, training, and separation

travel, with accession and separation moves dictated by the rate of personnel turnover. Also, accession and separation moves together with unit moves are considered mandatory--because control over these moves is dictated by major policy decisions affecting total force size, structure, and/or realignment. Therefore, the PCS moves over which some discretionary control can be exercised are the remaining three categories: operational (OPS), rotational (ROT), and training (TRA). It is these three classifications of PCS moves that will be addressed specifically with regard to the Navy Nurse Corps in this research. [Ref. 5: p. 6]

TABLE 1
TYPES OF PERMANENT CHANGE OF STATION MOVES

Accession 30%	movement from home or place of acceptance of commissioning to first permanent duty station.
Operational 10%	movement between duty stations not involving transoceanic travel when neither duty station involves assignment to duty less than 6 months or duty under instruction of 20 weeks or more.
Rotational 28%	movement to or from permanent duty station involving transoceanic travel.
Separation 26%	movement from active duty status -- irrespective of place or location.
Training 5%	movement other than transoceanic to or from a training school to attend formal course (s) for 20 weeks or more.
Unit 1%	movement of individuals as members of organized units.

B. OBJECTIVES OF RESEARCH

In light of the continuing concern for, and interest in, the escalation of DOD costs, this thesis will attempt to examine the current PCS policy regarding the U.S. Navy Nurse Corps and ascertain how it relates to NC officer career development. The following chapters will discuss PCS policy in the Navy, NC career development, the matching of career development to PCS moves, and historical trends in NC tour lengths.

II. NAVY'S PERMANENT CHANGE OF STATION (PCS) POLICY

According to the Department of Defense PCS Study of 1983, about 36 percent of DOD PCS moves involve operational and rotational transfers. These in turn are "driven" by the combination of three factors: [Ref. 6: p.5]

1. fixed assignment-length tours whose duration is directed by law or DOD directives;
2. variable length tours which are dependent upon established DOD policy; and,
3. staffing policies such as those naval policies that encourage voluntary extensions and homebasing.

The policies pertaining to Naval officers in general are determined by requirements ascertained by the Chief of Naval Operations (CNO) via the Deputy Chief of Naval Operations for Manpower, Personnel, and Training (OP-01). The Chief, Naval Military Personnel Command (CNMPC) is, in turn, charged with the responsibility for the administrative management of the inventory of officer personnel with regard to both quality and quantity. Consequently, the CNMPC through the actions of the officer community detailers endeavors to provide each officer with challenging duty assignments that will encourage professional growth and expanding experiences in preparation for higher levels of responsibility and at the same time will also meet the manning requirements of the Navy. The policies governing all PCS moves are contained within the Officer's Transfer Manual (NAVPERS 15559) and are executed by the CNMPC who is responsible for the performance of personnel distribution and career development functions in support of the mission of the Chief of Naval Personnel [Ref. 7: p. 2-1]. Within NMPC, the divisions of the Distribution Department concerned

with officer distribution are governed by the following:
[Ref. 8: p.1-1]

1. to assign the best qualified officers to meet the needs of the Navy as defined by the approved officer billet file;
2. to assign officers to billets which develop their professional expertise in order that the officer corps as a whole embodies the leadership, technical and managerial skills necessary to achieve the mission of the Navy; and,
3. to assign officers sensitively and fairly to ensure their continued professional motivation and dedication to the Navy.

These three components are often referred to as the "Triad of Detailing" and paraphrased as the "needs of the Service", the "career needs of the individual", and the "desires of the individual". Each of these elements is considered during the detailing process-- the matching of individual officers to billets to be filled. However, the "needs of the Navy" take priority over the other two and rightfully so if the Navy is to be assured of meeting its mission requirements. Also paramount in transfer plans and policies is conservation of PCS funds; consequently, moves are made to maximize efficiency while minimizing costs. To this end PCS moves are prioritized to (1) maintain national security; (2) conform to DOD specific tour lengths; and (3) support the Navy's policy with regard to sea/shore rotation.

As with the other Naval communities, the Nurse Corps (NC) has representatives assigned to NMPC for the purpose of nominating officers for orders to a specific billet, or military manpower space, at a duty station. The assignment officers, more commonly known as "detailers", are the advocates of the individual and strive to meet the officer's professional needs and preferences as well as the Navy's

requirements. There are currently three NC officers at NMPC as detailers. Although each is responsible for a particular segment of the Corps' officers, any one detailer can provide assistance.

Representing the commands in the detailing process is the placement officer who is responsible for screening the command requirements and ensuring the optimal manning of the authorized billets. The Naval Medical Command (NAVMEDCOM), comprised of the Medical Corps, Dental Corps, Medical Service Corps, Nurse Corps, and the Hospital Corps (the Navy's only enlisted Corps), is divided into eight Geographical Commands (GEOCOM) as presented in Appendix A. Currently, there are four NAVMEDCOM officers serving as placement officers.

The placement officers together with the detailers determine who is the best qualified available officer to fill each particular billet as specified by the Navy Officer Billet Classification (NOBC) Code (Appendix B). The ultimate goal of this process is to get the right person to the right place at the right time within the guidelines of the "triad of detailing".

A. PCS COSTS

In response to Congressional concerns and DOD policy and guidance the U.S. Navy has made a concerted effort to reduce PCS costs. Although DOD-wide moves have decreased, PCS costs have increased about 15 percent above FY77 costs predominantly due to inflation. [Ref. 6: p.25] Table 2 provides a breakdown of the percentages for each cost entitlement included in the Navy's Budget for FY's 1980-1984. These entitlements are the areas for which the service member may receive reimbursement or payment in kind for moving costs incurred as a result of PCS orders. Some of

TABLE 2
ENTITLEMENTS AS A PERCENTAGE OF TOTAL PCS BUDGET (NAVY)

ENTITLEMENT	PERCENTAGE OF TOTAL PCS BUDGET				
	1980	1981	1982	1983	1984
Travel of member	25.1	36.8	34.8	34.9	30.7
Travel of dependent	5.2	4.6	3.9	3.8	3.7
Transportation of HHG	60.8	51.1	54.0	54.0	53.8
Dislocation allowance	3.1	2.6	3.0	3.1	3.0
Trailer allowance	(a)	(a)	(a)	(a)	(a)
Transportation of POV's	3.3	3.0	2.8	2.7	3.3
Port Handling charges	1.1	1.0	0.8	0.9	1.0
Non-temporary storage	1.8	1.2	1.2	1.2	1.2

NOTE (a): less than 1%

the costs such as "transportation of privately owned vehicles (POV) and "port handling charges" pertain only to travel outside of the contiguous United States (OCONUS). Of these entitlements, the "travel of member" and the "transportation of household goods (HHG)" can be observed as the highest percentage of total PCS costs [Ref. 5: p. 49]. These costs are the two highest for the ROT moves as well. The costs involved for the moves of interest (OPS, ROT, and TRA), for NAVMEDCOM were obtained from the Fiscal Management Branch of NMPC (Code 463) for FY's 1981-1984, (Table 3). Additionally, the same information was obtained for the NC for FY's 83-84 and are presented in Table 4. The current status of the automated data processing capabilities did not permit the obtaining of further NC historical data nor the breakdown of the moves and costs by grade.

TABLE 3
NAVAL MEDICAL COMMAND OP, ROT, TRA PCS COSTS FY 81-84

TYPE MOVE (number of moves)	1981	1982	1983	1984
OPS	\$2,762,696 {747}	\$3,825,709 {1078}	\$4,660,591 {1273}	\$5,751,097 {1430}
ROT	\$7,222,837 {834}	\$8,348,029 {973}	\$6,204,893 {788}	\$9,573,595 {1129}
TRA	\$2,339,239 {681}	\$2,400,803 {689}	\$1,406,044 {348}	\$1,640,045 {409}
Total	\$12,324,772 {2262}	\$14,574,541 {2740}	\$12,271,528 {2409}	\$16,964,737 {2968}

TABLE 4
NURSE CORPS OP, ROT, TRA PCS COSTS FY 81-84

TYPE MOVE (number of moves)	1983	1984
OPS	\$ 871,651 {340}	\$1,207,656 {309}
ROT	\$1,689,804 {258}	\$3,055,918 {298}
TRA	\$ 210,307 {87}	\$ 362,628 {96}
Total	\$2,771,762 {685}	\$4,626,202 {703}

The data contained within both Table 3 and Table 4 indicates that within NAVMEDCOM in general and the NC specifically, rotational PCS moves are the most expensive while not being the largest numbers of moves. The increase of 40 NC ROT moves from FY 83 to FY 84 caused a more than 80% increase the respective cost. Although inflation plays a part in this increase, the changing complexion of the NC itself is an instrumental factor that must be considered. This is due in part to the fact that active duty females can now have dependents under the age of 18. Consequently, the planning and budgeting process must make allowances for this variable rate of change.

B. CURRENT TOUR LENGTHS

According to the Officer Transfer Manual, the CONUS tour length for NC officers in the grades of lieutenant commander and below are for 36 months and commander and above for 36 to 48 months. The OCONUS tours are dependent upon location and whether the officer is accompanied or unaccompanied by dependents and can range from 12 months to 36 months [Ref. 7: p. 4-6]. In March 1984, the Director of the Nurse Corps notified NC officers of tour length policy changes. Consequently CONUS tours now range from 24 to 48 months dependent upon size, location and function of the facility. [Ref. 9: p. 10] [Ref. 10: p. 3] Appendix C, Overseas Tour Lengths, provides a list of OCONUS locations and reflects the new tour lengths [Ref. 7: pp. 3-13, 3-16].

As of 30 September 1983, approximately 104 NC officers in grades ranging from captain to lieutenant were on OCONUS accompanied tours [Ref. 11]. The initial costs for these ROT moves compared to those of unaccompanied officers can be expected to be considerably higher due to dependent travel costs and, possibly, higher HHG costs (although HHG

allowance is also grade and location dependent). However, in as much as these costs can be averaged out over a longer period of time, due to the longer tour length for officers on accompanied tours, the overall PCS cost should be less.

III. NURSE CORPS CAREER DEVELOPMENT

Career development of the Navy Nurse is an identified component of the triad of detailing. This chapter will briefly discuss the history of the NC and then discuss the development of the active duty nurse as a Naval officer and as a registered nurse in the military environment. By identifying those tours of duty that provide the NC officer with the experience necessary to function optimally within the Navy, a more realistic view of the influence of this component of the "triad" can be ascertained as well as the effect of career development on PCS moves.

A. BACKGROUND

On 13 May 1908, the United States Navy Nurse Corps was established by an Act of Congress. By October of the same year the "Sacred Twenty" (as the original 20 Navy Nurses came to be known) with Ester Voorhees Hasson as their appointed superintendent, reported to the U.S. Naval Hospital, Washington, D.C. for duty. The signing of this legislation only formalized a long association of nurses and the United States Navy. Volunteer nurses, Sisters of the Order of the Holy Cross, served aboard the Union hospital ship Red Rover during the Civil War and, during the Spanish-American War of 1898, trained nurses were employed on a contractual basis to provide support to naval facilities. It was not, however, until April 1947 with the passage of the Army-Navy Nurses Act that the Nurse Corps became a permanent staff corps and its members granted permanent commissioned rank. In November 1964 the Secretary of the Navy authorized the commissioning of male nurses into

the Corps. Today, the Navy Nurse Corps is a component of the Naval Medical Command and charged with (1) providing professional nursing care to, and promoting the health of, uniformed service personnel, their dependents and others as authorized by law; and (2) teaching and supervising members of the Hospital Corps in their role as health care providers [Ref. 12: p. 8-2].

The Navy Nurse Corps is currently authorized a total of 2855 officers divided between regular and reserve status to carry out its mission. The distribution of these officers with respect to authorized end-strength, grade, regular or reserve status, and gender as of 30 September 1984 is given in Table 5. These nurses are stationed around the world in support of Naval and Marine Corps personnel and are required to function with expertise in isolated clinics and fleet hospitals as well as in major medical teaching facilities. Billets on board naval ships are reserved for male members of the Corps due to statutory restrictions prohibiting PCS orders on board combatant vessels for women.

Each member of the Nurse Corps is expected to be a proficient, professional naval officer as well as a competent and professional registered nurse. The individual who chooses to make a career of the U.S. Navy will find it imperative to avail her-/himself of those opportunities that will broaden her/his knowledge and experience as a naval officer and as a professional nurse. Tours of duty at a variety of duty stations in various locations around the globe assist in preparing the officer for the added responsibilities that accompany promotion. While the Nurse Corps officer will often be practicing nursing as it is taught and practiced in the civilian environment, the military nurse must also possess the knowledge and skills required when caring for patients inflicted with combat related injuries. The Navy provides for this specialized preparation through

TABLE 5
NURSE CORPS OFFICER DISPERSION

GRADE	AUTHORIZATION	USN (REGULAR)	USNR (RESERVE)	TOTAL	MALES
COMO	1	1	0	1	
CAPT	65	63	0	63	1
CDR	213	213	4	217	29
LCDR	615	712	33	745	224
LT	850	657	491	1,148	372
LTJG	776	0	210	210	48
ENS	335	0	482	482	482
TOTAL	2,855	1,646	1,220	2,866	758

education and training programs (contingency training) as well as operational tours.

B. NURSE CORPS CAREER GUIDELINES

To assist the Naval officer in taking an active role in her/his own career planning, each community publishes guidelines that reflect acceptable pathways which will permit the individual to plan a successful career within the Navy. The Career Development Guidelines: Nurse Corps United States Navy, published in 1982 and currently under revision, provides a general overview of the several pathways available to the career-oriented Nurse Corps officer. Due to the revisions that are taking place, the career pathways discussed here may not be organized as they appear in either the old or new document. [Ref. 13] Figure 3.1, entitled Nurse Corps Career Planning Guide, (a draft that has been developed by the Career Development Division, NC Plans, Naval Medical Command, Code 5414) provides an illustration of the relationship between Grade, Years of Service, Developmental Phase, Rotation, and Typical Assignment. It can be noted that as the Nurse Corps officer progresses up the "Grade" column from ensign (ENS) through lieutenant junior grade (LTJG), lieutenant (LT), lieutenant commander (LCDR), commander (CDR), captain (CAPT) to commodore/admiral (FLAG) the individual is expected to change duty stations (tours) several times as is depicted in the "Rotation" column. The tours should also rotate between duty stations classified as being (1) within the contiguous United States (CONUS); (2) outside of the contiguous United States (OCONUS); and, (3) operational. When an individual changes duty stations a new tour of duty begins and a Permanent Change of Station (PCS) move has taken place.

NURSE CORPS CAREER PLANNING GUIDE

GRADE	YEARS	DEVELOPMENT PHASE		ROTATION	TYPICAL ASSIGNMENT
FLAG	30	Management	Clinical	3+ Tours (CONUS/OCONUS)	<ul style="list-style-type: none">• Director, Nurse Corps• Executive Management (2XXX)
	29	Executive	Advanced Utilization		<ul style="list-style-type: none">• Executive Management (2900/2XXX) CO MTF, GEOCOM XO MTF Director, Nursing Service MTF COS, ACOS GEOCOM OP 93, MEDCOM, NMPC Assignment• Senior Responsibility in Specialty Area• Service College
	28				
27					
26					
25					
24					
23					
CAPT	22	Advanced	Professional Specialization	1-2 Tours (CONUS/OCONUS/ OPERATIONAL)	<ul style="list-style-type: none">• Progressive Management (2900/2XXX) OP-93, MEDCOM, NMPC Assignment ACOS, GEOCOM Director, Nursing Service, Small MTF Department Head, MTF Division Head, MTF• Progressive Professional Experience in Specialty Field• Service College
	21				
	20				
	19				
CDR	18	Intermediate	Professional Specialization	2-3 Tours (CONUS/OCONUS/ OPERATIONAL)	<ul style="list-style-type: none">• Middle Management Experience (2900/2XXX) Field, Staff, Command• Service College• Post Graduate School• Military Staff Tour• Duins (Baccalaureate)• Subspecialty Qualification• Specialization Training & Assignments• Clinical Utilization (Progressive)
	17				
	16				
	15				
LCDR	14	Fundamental Professional Development		2-3 Tours (CONUS/OCONUS)	<ul style="list-style-type: none">• Contingency Role Assignment• Charge Nurse, MTF• Basic Management Experience
	13				
	12				
	11				
LT	10				<ul style="list-style-type: none">• Staff Nurse, MTF• Naval Officer Nurse Corps Orientation• OIS
	9				
	8				
	7				
LTJG	6				
	5				
	4				
ENS	3				
	2				
ENS	1				

Figure 3.1 Nurse Corps Career Planning Guide.

The "Developmental Phase" column addresses the two parallel pathways, Management and Clinical, either of which may be successfully pursued by the career-oriented officer. Both pathways are comprised of variations (Management) or tracks (Clinical) which will be discussed later; however, of special note at this point is the fact that they both share the first phase, "Fundamental Professional Development". It is during this initial phase that the individual augments professional nursing preparation and civilian work experiences with the education, skills and experience required to practice nursing within the Naval Medical Command. This phase also serves as the foundation for the military preparation upon which the officer will expand as increasing levels of responsibility are encountered. These early years also permit time and opportunities for the exploration of the various tracks available for professional subspecialization so that a career plan can be constructed.

As the officer advances in both rank and years of service, the remaining corresponding developmental phases shown in Figure 3.1 are encountered. Each of these phases provides for expanding experiences and specialization within the Corps and the Naval Medical Command. As with other officer communities, the NC officer receives subspecialty codes. These codes identify the officer as a specialist either through experience and/or education in a specific area secondary to her/his primary specialty area identified by its designator which is 29xx for the Nurse Corps. In this manner those nurses who have specific areas of expertise can be readily identified and utilized more effectively to the advantage of NAVMEDCOM and, therefore, the Navy. These alphanumeric codes are listed in Appendix D. The "Intermediate Phase" is that point in time when the NC officer will acquire one or more of the subspecialty codes. Although these codes can be attained via experience, most

are awarded as a result of both graduate education or specialty specific courses and experience. In this period those individuals who have chosen the Clinical Pathway acquire the specialized education required while those nurses following the Management Pathway attend programs geared toward general nursing practice or administration.

The "Advanced" and "Executive" phases of both pathways provide for the utilization of those individuals who have demonstrated outstanding professional, military, and clinical qualities. These individuals are given more challenging positions with increasing responsibilities germane to their chosen pathways within the NC and NAVMEDCOM as they advance along the career ladder.

The last column, "Typical Assignment", delineates the assignments and education or training courses as they occur by Developmental Phase and /or Grade. Each registered nurse entering the Navy Nurse Corps attends Officer Indoctrination School (OIS) enroute to her/his first duty station which is a medical treatment facility (MTF) within the contiguous United States. As the officer progresses upward, and depending upon the career pathway and variation/track followed, she/he should expect to attend short courses such as those addressing military leadership responsibilities, operational medicine, and professional nursing. Clinically, the newly commissioned NC officer can expect to function as a Staff Nurse proceeding upward to a Charge Nurse, or "Department Head". As the "Intermediate Phase is entered augmented officers (those officers in the Regular Navy) may apply for duty-under-instruction (DUINS) to attend either a civilian or military college for further professional development and specialization. The "Typical Assignment" from this point on is dependent upon the career pathway that has been adopted. However, examples of billets for which the NC officer usually aspire as an ultimate goal in the Management

Pathway are Director of Nursing Service (DNS), Chief of Staff (COS) or Assistant Chief of Staff (ACOS) at a GEOCOM, or the NC flag officer, Director of the Nurse Corps. Each of the Clinical subspecialty areas, in turn, have comparable billets.

C. CAREER PATHWAY

As is shown in Figure 3.1, the Nurse Corps has two distinct pathways, "Management" and "Clinical". Each of these pathways is comprised of several variations (Management) or tracks (Clinical) as outlined in Table 6. Nurse Corps officers in both of these pathways are responsible for carrying out the missions of the NC and NAVMEDCOM, however, the mechanics of each pathway differ. Both pathways begin in the same manner (Fundamental Professional Development Phase) and the choice of which path to pursue is usually made as a lieutenant.

The "Management" pathway is also referred to as the "Typical Career Progression" or "Inpatient Career Variation" pathway. As can be noted in Table 6, this pathway has four component "variations". The "Ambulatory Care" variation is the path most followed as it encompasses the different roles that the NC officer fulfills in the patient care environment. While the specific duties may differ from one facility to another they will involve the planning, implementing, directing, and coordinating of the nursing activities provided to patients in the clinical setting. It is to and from this pathway that the other "variations" are taken. As the individual strengthens her/his skills as a military nurse and as an officer, increasing responsibilities in both the in-patient and administrative environments provide for the growth of the NC officer. Tours of duty at varying size duty stations assist in this growth process as the officer

TABLE 6
NURSE CORPS PATHWAYS

Management (Typical/Inpatient Career Variation)

1. Ambulatory care
2. School instructor
3. Recruiting
4. Medical Department Management

Clinical Practice (Tracks)

1. Operating Room Specialist
2. Nurse Anesthetist
3. Nurse Practitioner/Midwife
4. Clinical Specialist
5. Educational Specialist

has the opportunity to gain a broader view of the Naval Medical Command and to participate in a variety of tasks that are an integral part of its area of responsibility. The variations of "School Instructor" and "Recruiting" are examples of such experiences and usually encompass only one tour of duty each. The school instructor billets are located at OIS and at one of the Hospital Corps "A" schools. These latter schools are charged with the training of Hospital Corpsmen in the basic nursing skills necessary to care for patients in both inpatient facilities and in the field.

The newest variation available to the NC officer is that of "Medical Department Management". This involves tours of duty to staff and managerial billets within the Naval Medical Command that are non-corps specific. Examples of tours that fall into this category are the Commanding

Officer of GEOCOM's, Commanding Officer or Executive Officer of smaller facilities, and various billets at COMNAVMEDCOM or OPNAV. However, it is stressed that all of these individual tours under categories 2, 3, and 4 are variations to the "Ambulatory Care Nursing Pathway" and not pathways unto themselves.

The second pathway "Clinical Practice" is comprised of several tracks. Each of these tracks, however, is considered to be a subspeciality area requiring specific educational preparation before the nurse can practice in any one of the first four areas. Therefore, each track becomes a pathway within the group of "Clinical Practice Pathways" and each NC officer receives a subspeciality code (listed in Appendix D) that identifies her/him for specific billets (listed in Appendix B). The Operating Room Specialist and Nurse Anesthetist will find that their expertise can be utilized at all of the patient care facilities under the auspices of NAVMEDCOM from clinics to ships. Currently, the most senior billets are confined to CONUS locations. Nurses choosing to become practitioners can specialize in a variety of areas such as family practice, pediatrics, and gynecology and obstetrics. Their billets as well as those of the Nurse Midwife are confined to more limited locations as will be discussed in Chapter IV. The Clinical Specialist, like the practitioner, can specialize in a variety of areas. However, there are fewer restrictions on billet locations for these individuals. The final track, "Educational Specialist", has been included in this pathway due to the increasing emphasis being placed on the education and training that is required to prepare the individual assuming the position of Educational Coordinator whether it is at command or nursing service level. Post-graduate degrees are now offered in this area and several NC officers have been able to obtain them under DUINS receiving a subspeciality code upon completion.

The Nurse Corps officer who chooses to follow any one of the Clinical Practice pathways can do so and remain promotion competitive. However, the officer also has the option to change pathways and pursue more administrative or management oriented billets. Either way it is imperative that the NC officer following the "Clinical Practice Pathways" realize that alternation between facilities of varying sizes is as important to her/his career as it is to the NC officer following the "Management Pathway". In many instances the limited number of subspecialty coded billets will require that her/his tours of duty will alternate more frequently.

IV. NETWORK REPRESENTATION OF CAREER PATHS

A. NC CAREER PATH REPRESENTATION

To capture the relationship between the Nurse Corps officer's career path and the permanent change of station moves necessitated by mission requirements, a networking model was devised. This model is similar to the one utilized in the Aviation Officer Requirements Study and permits the illustration of career path by tours of duty [Ref. 14]. The main body of this network representation, as given in Figure 4.1, is a matrix of tour assignments Nurse Corps officers may encounter. The rows of this matrix stand for activities whose names are given in the column on the extreme left and are explained in Table 7. The next column of two digit numbers is a list of the possible lengths of tours at each respective type of activity. The remaining columns correspond to sequential tours of duty (network nodes) as signified by the first digit in the alphanumeric code which ranges from one through ten. The second digit of the code corresponds to the activity and the tour length associated with that activity and is labeled by the letters A through I.

The first "Activity", OCONUS, encompasses all tours to duty stations that are located outside of the contiguous United States (row A). These tours are of variable length as established by DOD policy depending upon location and whether the military member is on an accompanied (with dependents) or an unaccompanied (without dependents) tour. The naval hospitals and clinics included in these "Activities" are of various size and staffing requirements as Appendix E delineates. Consequently tours to these duty

<u>ACTIVITY</u>	<u>/</u>	<u>TOUR LENGTH (IN MONTHS)</u>
OCONUS	12	1A
	15	2A
	18	3A
	24	4A
	30	5A
MMTF	36	6A
	42	7A
	48	8A
	36	9A
	42	10A
SMTF	48	11A
	36	12A
	42	13A
	48	14A
	36	15A
CLINIC	42	16A
	48	17A
	36	18A
	42	19A
	48	20A
DUINS	36	21A
	42	22A
	48	23A
	36	24A
	42	25A
OPER	48	26A
	36	27A
	42	28A
	48	29A
	36	30A
STAFF	42	31A
	48	32A
	36	33A
	42	34A
	48	35A

Figure 4.1 Network Representation of a NC Career Path.

TABLE 7

DEFINITIONS OF TERMS UTILIZED IN TOUR MODEL

- OCONUS: All duty stations Outside of the COntiguous United States to which NC officers may be sent.
- MMTF : (Major Medical Treatment Facility) One of the four large teaching Naval Hospitals located within the contiguous U.S. at Bethesda, MD; Oakland, CA; Portsmouth, VA; and, San Diego, CA.
- SMTF : (Small Medical Treatment Facility) Any medical facility classified as a Naval Hospital (other than the four MMTF), and for the purpose of this model, located within the contiguous U.S.
- Clinic: Any Naval medical facility classified as a Clinic and, for the purpose of this model, located within the contiguous United States.
- DUINS: (Duty Under Instruction) Stationed at either a military or civilian institution of duration greater than 20 weeks but not longer than 24 months for instruction.
- Staff: Duty stations at billets that are not in MMTF, SMTF, or Clinics. Included are those tours that are variations to the "Typical Career Pathway" (Recruiting, Instructor, OPNAV, COMNAVMEDCOM, GEOCOM, HSETC).
- OPER: (Operational Tour) Tour of duty on board a naval vessel (carriers).

stations not only meet manning requirements, but also help to broaden the officer's experience level and, therefore, contribute greatly to the objectives of career development discussed earlier.

The tour lengths at the next activity, at a major medical treatment facilities (MMTF) are grade-dependent: 36 months for ENS (row B); 42 months for LTJG's and LT's (row C); and, 48 months for LCDR's, CDR's, and CAPT's (row D). The only exception to this is the tour of 36 months for the captain who is the Director of Nursing Service (DNS). In contrast, the tours for all NC officers at the remaining Naval hospitals, or small medical treatment facilities (SMTF), located within the contiguous United States are for 36 months (row E) and to the Naval medical clinics, 24 months (row F).

The NC has 115 authorized billets for "Duty Under Instruction", or DUINS, (row G) for periods in excess of 20 weeks. These billets permit the NC to send selected officers to either military or civilian institutions for advanced degrees usually in either a clinical speciality area or administration. A DUINS tour is a critical element of the Clinical Practice Pathway as will be discussed in Section 3.

The operational tours (OPER), row H, are in reference to those tours of duty on board Naval vessels or with the Fleet Marine Force (FMF). Currently, the three billets with the FMF are governed by location (i.e. OCONUS or CONUS), and for the purposes of this thesis, have been included as OCONUS or STAFF. However, the network for the nurse anesthetist, presented in Section 3, Clinical Practice Pathways, does include OPER to show the required twelve month tour on board a carrier for the male nurse anesthetists.

The various administrative or management duty stations have been grouped together and labeled "Staff" (row I). This has been possible because they are all 24-month tours and are considered to be variations of the Management, or Typical/Inpatient, Career Pathway and include such assignments as Recruiting duty, Instructor duty, managerial experience duty at Medical Management tours at COMNAVMEDCOM, GEOCOM's, NMPC, OPNAV, and HSETC (Health Science Education and Training Command, and assignment officer duty at NMPC.

Separations from active duty can occur at almost any point upon the completion of a tour of duty. However, with the acceptance of promotion to LCDR and above, DUINS, and augmentation the officer is obligated to remain on active duty for various periods of time.

The network does not include references to grade or promotion points as the variable tour lengths make this impossible. It is assumed, however, that the ENS will be promoted to LT at the 4 year mark. Consequently, it is also assumed that all officers remaining on active duty will be LCDR by their fifth tour. The Projected Promotion Plan for FY'84-'89 is in Appendix F and gives the authorizations, promotion percentages, promotion flow points in years of service, number of officers in zone, and the number of officers in grade as currently projected by Head, Personnel Plans and Analysis Branch, Code 512, NAVMEDCOM. Officers who "fail of select" (FOS) for promotion are detailed on an individual basis as their status permits within the guidelines of the Defense Officer Personnel Management Act (DOPMA) [Refs. 15,16].

An example of a career network is shown in Figure 4.2. The newly commissioned NC officer, an Ensign, arrives at the MMTF, Tour 1B, via an accession move and the four week Officer Indoctrination School in Newport, Rhode

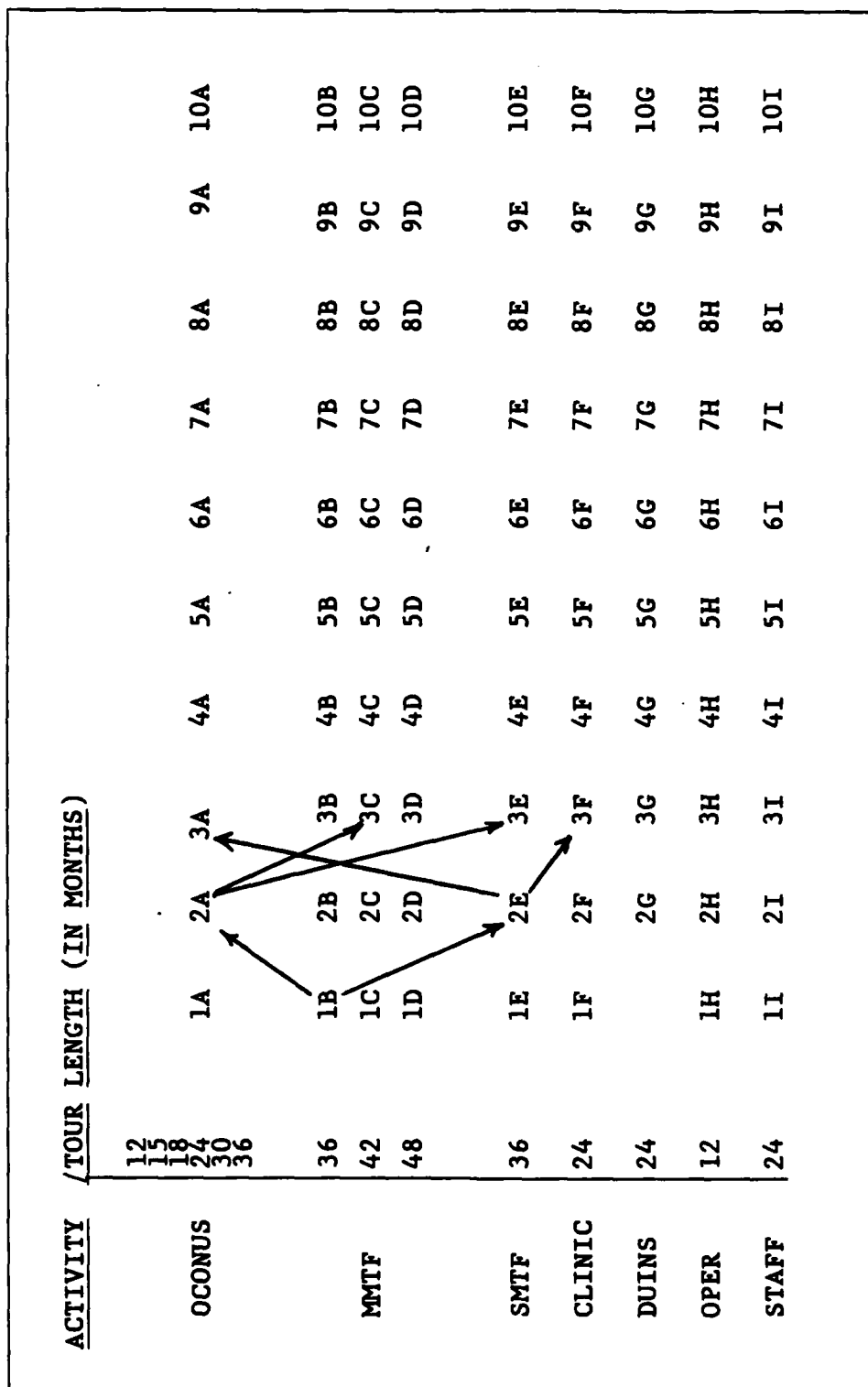


Figure 4.2 Network Representation of a NC Career Path: Example.

Island. At the completion of the three year active duty commitment one of the following can occur as is illustrated in Figure 4.2. The individual can

1. be extended at her/his current duty station (no change to network);
2. receive orders to an overseas duty station as shown by the arrow leading to Tour 2A;
3. receive orders to a SMTF as shown by the arrow leading to Tour 2E;
4. receive orders to a CLINIC (not shown);
5. receive orders to another MMTF (not shown); or,
6. separate from active duty status (not shown).

While it is possible to transfer from one MMTF to another, this is not the desirable sequence of tours for career development and that is why an arrow was not drawn leading to tour 2C. This practice will be followed for those sequential tours that are possible but not probable, i.e. the alphanumeric code for the tour appears in the network but the arrow leading to it does not. Specifically, due to the limited number of DUINS (115) and "Staff" billets no arrows will be drawn to these nodes. In some instances the alphanumeric code will not be present signifying that that specific tour is not a possible career alternative. The absence of "1G" is an example of this phenomenon because a NC officer would not receive DUINS as a first tour of duty.

1. Assumptions

In constructing the career pathways that follow attempts were made to make the paths as accurate as possible. To gain the necessary information the Nurse Corps "Career Guidelines" were consulted and several officers in NAVMEDCOM were interviewed from the departments of NC Career Plans, Medical Personnel Analysis Branch, NMPC, HSETC, and Director of the Corps. In as much as orders to specific

duty stations are governed by DOD, CNO, and NC policies the following "hard guidelines" are assumed and reflected in the career pathway networking:

1. all initial tours on active duty are to Naval hospitals within CONUS;
2. the first duty station is usually one of the MMTF's or one of the larger SMTF's so that the newly commissioned NC officer is provided with a broad-based clinical foundation with the possible exception of the one or two reservists permitted to return to active duty each year;
3. sequential tours from CONUS to CONUS, DUINS to DUINS, Recruiting duty to Recruiting duty, Recruiting duty to Instructor duty, Instructor duty to Recruiting duty, or Instructor duty to Instructor duty are not routinely practiced; and,
4. an OCONUS tour occurs prior to , but not necessarily immediately preceeding, DUINS per current policy requirements which means that the earliest that the networks will permit entry into this "Activity" will be the third tour, 3G.

In addition to these "hard" guidelines, there are "soft" guidelines as well. These "soft" guidelines offer more individual flexibility evolving from career development philosophy that suggests that:

1. staff tours should be followed by tours in the clinical environment;
2. that the NC officer should rotate among MMTF, SMTF, CLINIC, OCONUS, and STAFF tours avoiding retours to the SMTF and CLINICS prior to reaching LCDR; and,
3. back-to-back tours following promotion to LCDR usually provide for increasing management experience especially the OCONUS tours that occur the recommended eight to ten years apart.

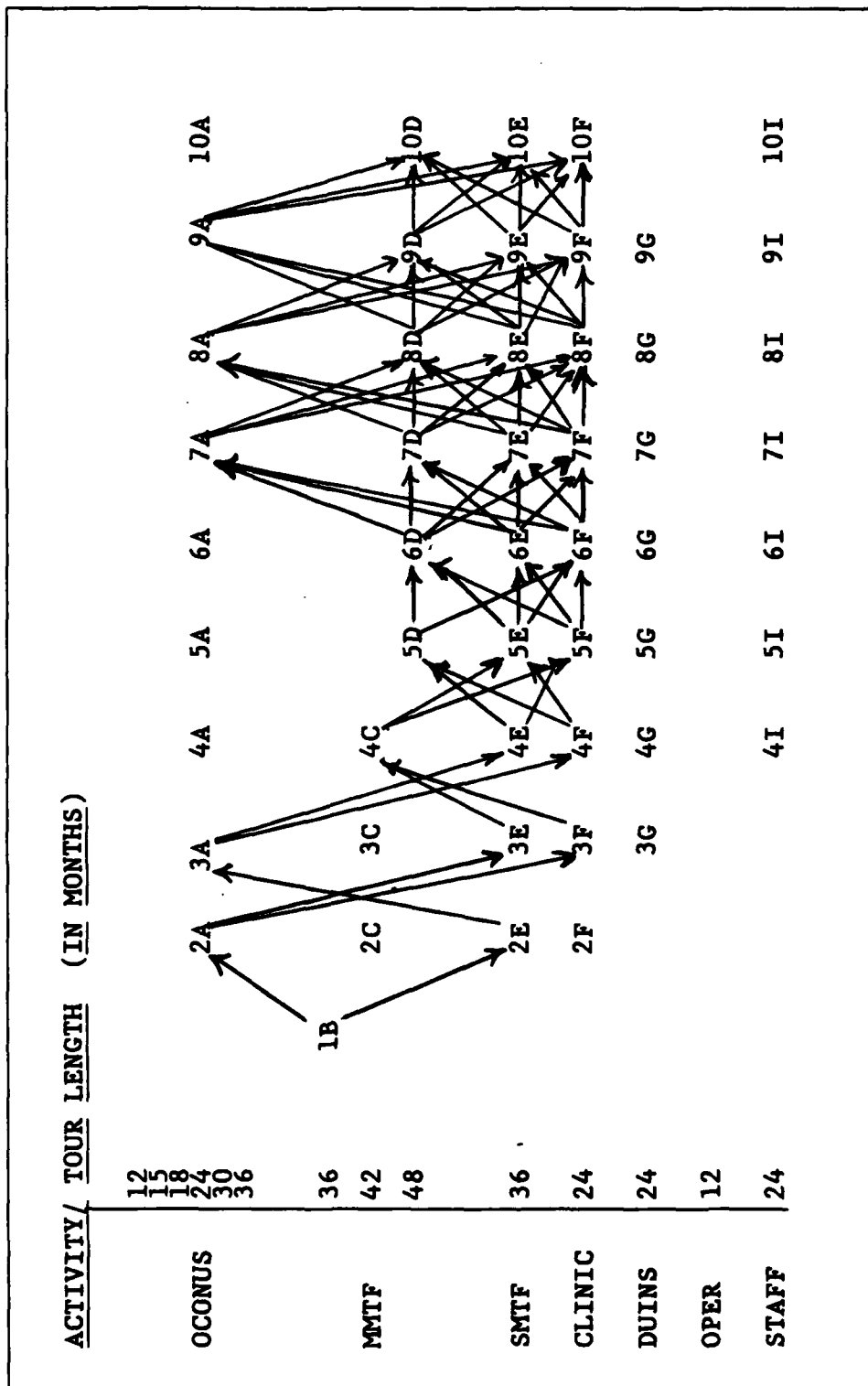


Figure 4.3 Network Representation of Management Career Path: MMTF.

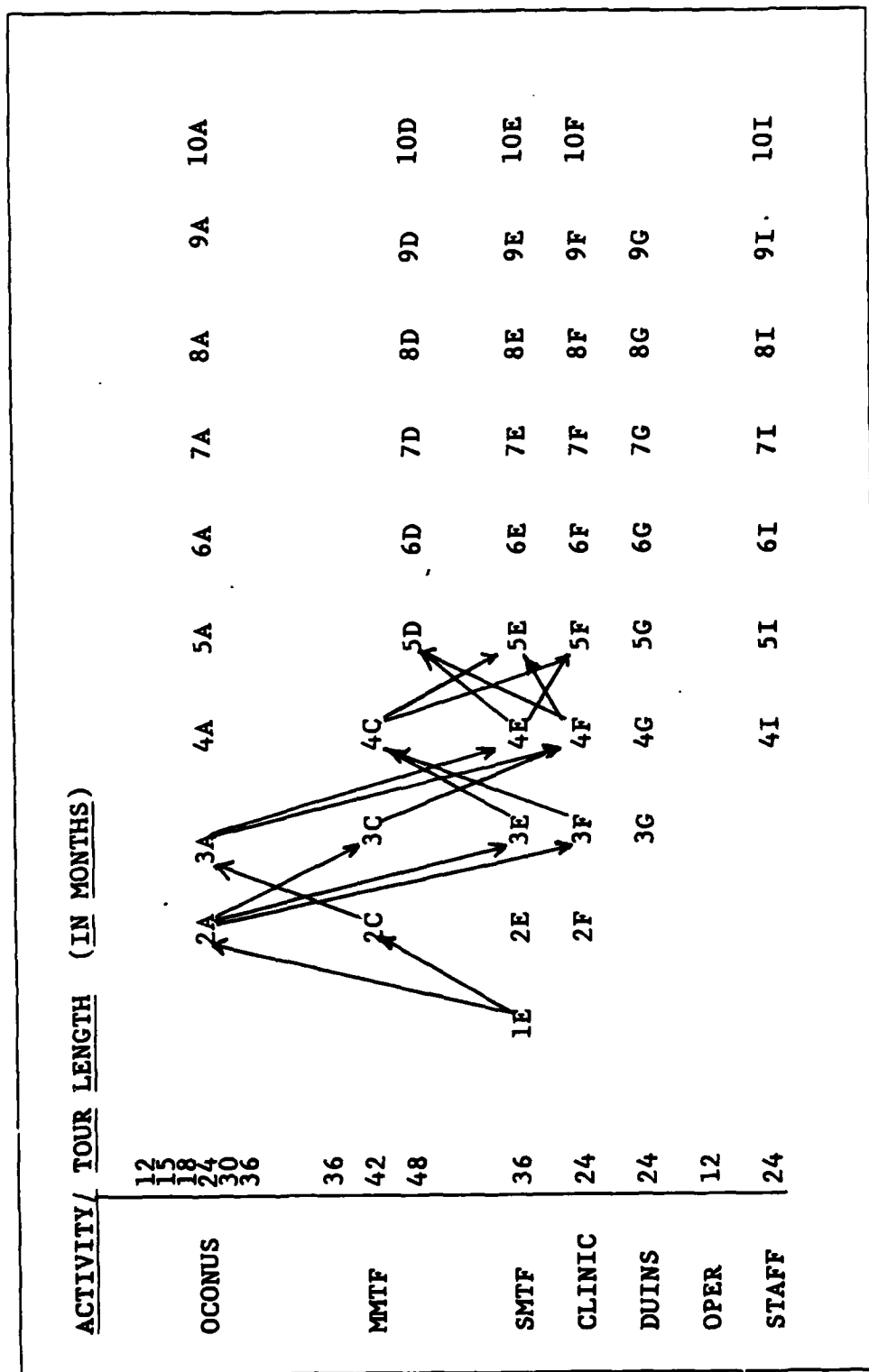


Figure 4.4 Network Representation of Management Career Path: SMTF.

Billet requirements must also be considered. The NOBC, grade, and any additional subspeciality codes that qualify a billet must be taken into consideration. For example, "Recruiter" billets are predominately for LT's with an occasional LCDR billet while the majority of "Instructor" billets are for both LT's and LCDR's with an occasional CDR's billet. Although it is possible to fill a billet by an officer one grade above and one grade below the billet requirement, policy is not to order LTJG's into either the Recruiter or the Instructor billets. It is generally felt that the experience gained during the years through LT, as well as an OCONUS tour, are beneficial to the officer in either a Recruiting or Instructor billet as the officer will be in daily contact with individuals unfamiliar with the Navy and the NC. Therefore, it is to both the officer's and the Navy's advantage when the officer can bring a variety of experiences regarding the Navy and the NC to these tours.

2. Management (Typical/Inpatient) Career Pathways

As was discussed in Chapter III, the Management Pathway has various single tours of duty outside of the clinical environment of hospitals and clinics that have been termed "variations". These variations are the tours of duty included within "Staff" in the "Activity" column in the network matrix. In as much as a newly commissioned NC officer can begin her/his Naval career at either a MMTF (1B) or at a SMTF (1E), two network representations will be utilized for this one pathway. The first representation, Figure 4.3, demonstrates the choices confronting the officer who begins her/his career at a MMTF (Tour 1B), and the second, Figure 4.4, when the SMTF (Tour 1E) is the first duty station. These two "beginnings" are presented separately to reduce the number of arrows per figure so that the networking can be more easily followed. From tour five

forward, the paths are the same, consequently, Figure 4.4 only shows the possible career paths to this point. The DUINS tours usually occur within the third to the seventh tour window (3G-7G) and are followed by tours to medical facilities (MMTF, SMTF, CLINICS) located in or out of the contiguous United States. The "Staff" tours begin at the grade of LCDR when the officer is in her/his fourth tour (4I), with the exception of the LT billets of "Recruiting" and "Instructor" which can be as early as the third tour (3I). Again, depending upon variable tour lengths, it is projected that the grade of CDR will be reached during the seventh tour and CAPT during the ninth tour, or at approximately 21.5 years of service. Figure 4.3 shows only ten tours although an officer who stays for 30 years of service could be expected to have one or two more tours. However, each of these remaining tour possibilities would be similar to the tenth tour. The one FLAG billet that is currently authorized is a Medical Department Management tour and is included within the "Staff" grouping (10I).

3. Clinical Practice Pathways

The pathways that are grouped within the Clinical Practice Pathway are similar to that of the Management Pathway up through the grade of LT or LCDR. It is at this point in the NC officer's career that "professional specialization" occurs as discussed in the previous chapter and illustrated in Figure 4.5 which, due to their similarity, presents the pathways for the Clinical Specialist, Nurse Practitioner, and Nurse Midwife. This figure shows the NC officer's career beginning at either a MMTF (1B) or a SMTF (1E). The DUINS tour for the graduate education required for the NC officer desiring to become a Clinical Specialist, Nurse Practitioner, or Nurse Midwife is demonstrated as probably occurring in tours 4G or 5G, although it

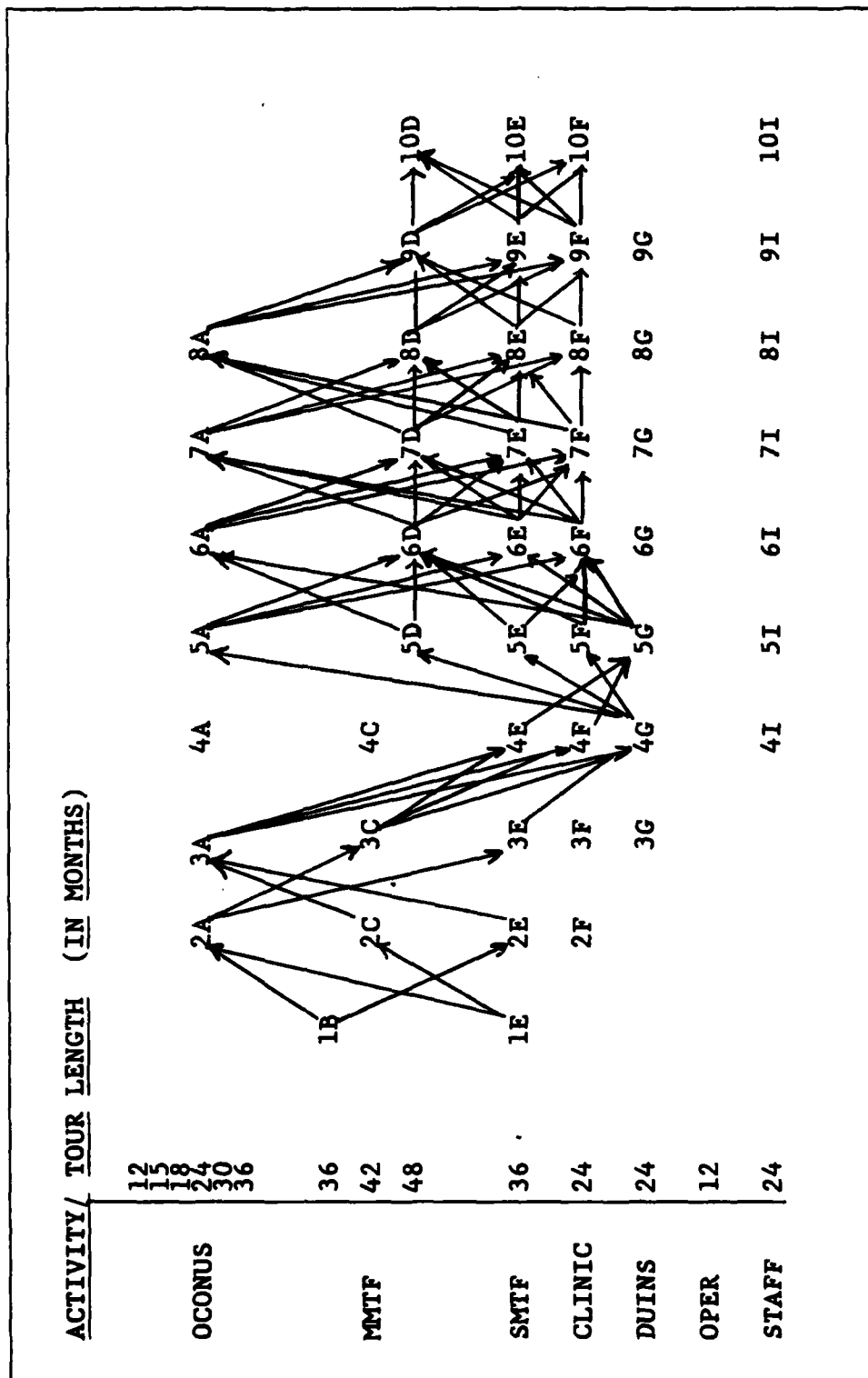


Figure 4.5 Network Representation of Clinical Practice Career Path.

could also occur in tours 3G or 6G. This pattern is consistent with the guidelines discussed earlier that require an OCONUS tour prior to DUINS. After the DUINS tour this pathway again parallels the Management Pathway by providing for the rotation of duty stations among OCONUS, SMTF, MMTF's, and CLINICS. However, some of the practitioners may find a limited selection of duty stations billeted for their expertise. The limited number of authorized subspecialty coded billets coupled with the limited number of specialists now on active duty can greatly impact the PCS move requirements for these individuals. Table 8, lists the current number of billet authorizations and inventories of NC officers by subspecialties.

The pathways for the Nurse Anesthetists is quite unusual compared to those already discussed. The NC officer who desires to pursue the educational and credentialing requirements necessary to become a nurse anesthetist follows a unique career path as illustrated in Figure 4.6. First, experience in a critical care unit at a MMTF (1B) is highly recommended prior to DUINS. This "requirement" is reflected in Figure 4.6 and may be viewed as taking the place of the OCONUS tour (2A or 3A) required prior to DUINS (4G or 5G) in the career pathways for the Nurse Practitioner, Nurse Midwife, and Clinical Specialist. The DUINS tour is 12 months long as opposed to the normal 24 month tour and is followed by a 12 month tour at a MMTF (3J or 4J). Both of these differences are reflected in Figure 4.6 The OPER tour (row H) of 12 months is an integral part of this matrix as well.

The NC officer who has been accepted for this program attends a 12 month DUINS program followed by a 12 month experience tour (3J or 4J) at one of three Naval Hospitals: Bethesda, MD, Portsmouth, VA, or San Diego, CA. This tour is followed by a 12 month tour on board a carrier

TABLE 8
NURSE CORPS BILLETS BY SELECTED SUBSPECIALITY CODES

Code	Subspeciality	Authorized	On Hand
1950	Operating Room Nurse	153	154
1972	Nurse Anesthetist	98	107
1974	Pediatric Nurse Practitioner	26	22
1975	Adult Health Nurse Practitioner		
1976	Family Nurse Practitioner	43	39
1980	OB/GYN Nurse Practitioner	17	17
1981	Nurse/Midwife	7	7
19xxT	DUINS	115	92
	All others	2396	2528
	TOTALS	2855	2866

Note: This data, dated 30 September 1984, was obtained from NAVMEDCOM CODE 512 (Head, Personnel Plans & Analysis Branch)

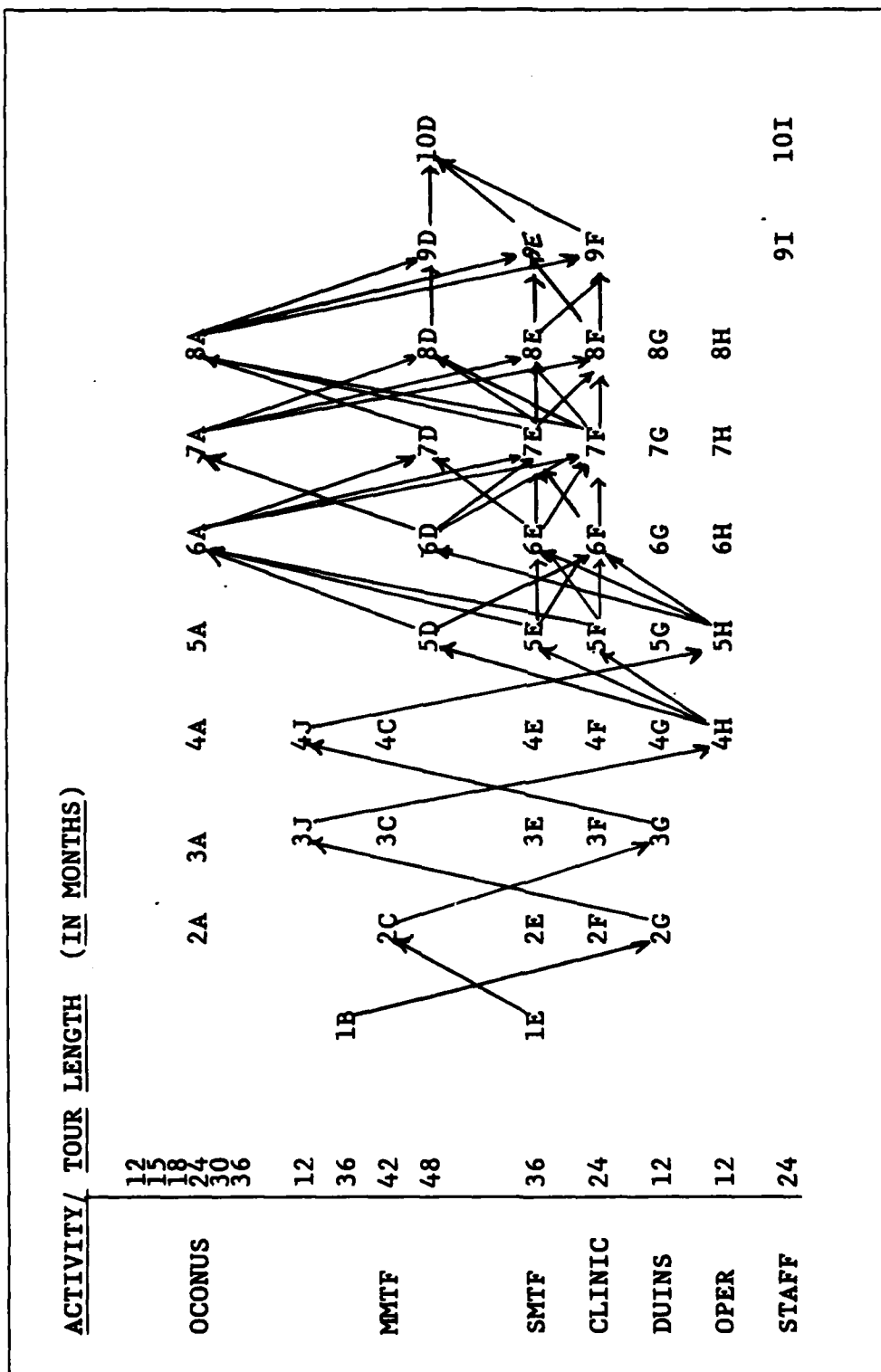


Figure 4.6 Network Representation of Nurse Anesthetist Career Path.

(4H or 5H). From this point on, the rotation pattern is similar to those already discussed with the exception that the CAPT billets are currently all located within CONUS at SMTF's and MMTF's (9D and 9E).

The Operating Room (OR) Nurse's pathway shown in Figure 4.7 is a combination of several of the previously discussed pathways. However, it is different from the other tracks within the Clinical Practice Pathway because the prerequisite training is a 6 week course of instruction at Naval Hospital, Charleston, NC. This constitutes TAD (Temporary Additional Duty) and PCS funds are not involved. Upon successful completion of this training, the NC officer is obligated for one year of active duty in the capacity of an OR Nurse. Graduate education and Instructor tours are also available to the NC officer who elects to remain in this career path as opposed to transferring to the "Management Pathway". However, as reflected in Figure 4.7 the CAPT billets are currently located in MMTF's and SMTF within CONUS (9D and 10E).

The Educational Specialist's career path closely resembles that of the OR Nurse in as much as education and training for this speciality area are obtained through TAD, graduate education and on the job experience. However, due to the various staff tours that the individual can receive, this pathway is a duplicate of the "Management Pathway" and, therefore, is not repeated here. The NC officer attending an approved graduate education program can receive a subspeciality code (0037) upon graduation which qualifies them her/him for more esoteric billets.

B. SUMMARY

By using the network modeling approach to present the variations of the Management Career Pathway and the tracks

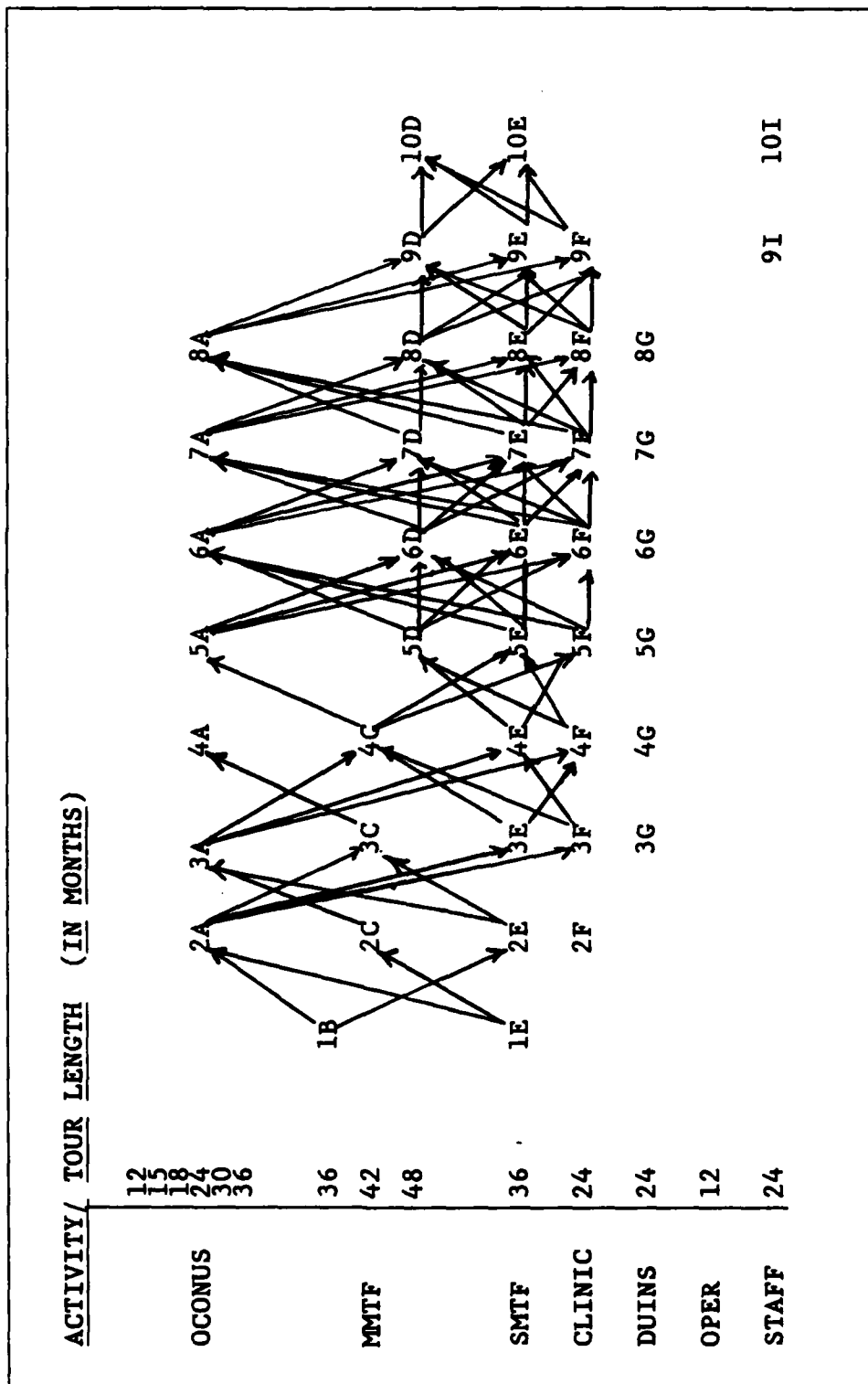


Figure 4.7 Network Representation of Operating Room Nurse Career Path.

of the Clinical Practice Pathway, the interrelationship of these pathways with PCS moves has been established. Although the modeling was performed within the constraints of today's policies and guidelines, the network representations can easily be adapted to future changes.

V. ANALYSIS OF HISTORICAL TOUR LENGTH TRENDS

A. DATA ANALYSIS

In order to establish trends in tour lengths and to compare them to the tour length policies now practiced, data pertaining to prior tours of Nurse Corps officers were gathered. The Officer Longitudinal Master File (OLMF), derived from the Officer Master File maintained by NMPC, was utilized for the purpose of extracting this historical data. The OLMF, developed by the Naval Personnel Research and Development Center (NPRDC) and obtained via the Defense Manpower Data Center (DMDC), is a data base of all Naval officers on active duty from 1 July 1973 through 30 September 1983. Utilizing descriptive statistical programs from Statistical Analysis Systems (SAS) the Nurse Corps Data Base (NCDB) was created by using the community's designator. The NCDB contains records from 5860 Nurse Corps officers from the grades of ENS through RADM with 42.3% of them being female and 17.7% male. More detailed information is contained in Table 9 for 5859 records.

TABLE 9
NURSE CORPS DATA BASE

GRADE	FREQUENCY	GENDER
ENS	459	Male 1036
LTJG	1219	Female 4823
LT	2662	
LCDR	1033	
CDR	341	
CAPT	141	
COMO	1	
RADM	2	
RADM(upper)	1	

	5859	5859

Each record contained the last seven duty stations of the individual officer including date reported and date detached, or the projected date of detachment for the "current" tour on record. For example, the NC officer who was commissioned in 1968 and remained on active duty for eight years would be in the data set and have the last tour of duty ending in 1976 as the most "current" tour entered in the OLMF. Only those tours with definite detachment dates were retained in the final data set. Associated with each of these tours of duty was a "Type Assignment" classification code which provided information regarding the location of the duty station of that tour.

In as much as only the "Present Grade" could be easily matched to the latest tour, a program was devised that permitted the calculation of the grades of the individual when the particular orders were executed. Consequently the final data set contained 11,652 tours of duty from fiscal years 1951 to 1983 by "Type Assignment" (Table 10), "Grade" (Table 11), and "Tour End Year" (Table 12) with the grand mean tour length of 26 months.

As the information in Table 10 demonstrates, the majority of Type Assignments are Shore tours, either OCONUS or CONUS; with the tours in Hawaii, ("H"), having the longest mean tour lengths. The tour lengths within this category ranged from a minimum tour of 1 month to a maximum tour length of 93 months. The Type Assignment Classification Codes "D" and "G" were eventually dropped as these tours did not show up in the data of the most recent five year period.

The high number of tours in the lower four grades (Table 11) corresponds to the majority of the 5859 NC officers being in grades ENS through LCDR. The shorter mean tour lengths for grades LTJG and LT are consistent with the career development pathways that places the initial overseas tour in the time frame of these two grades.

TABLE 10
NURSE CORPS DATA BASE: TYPE ASSIGNMENT

TYPE ASSIGNMENT	FREQUENCY	MEAN TOUR LENGTH (MONTHS)
A Alaska	76	13.75
C Sea duty	146	13.42
D Ship (OCONUS Homeport)	88	17.53
G Other Gov't Agency	64	18.31
H Hawaii	51	27.05
O OCONUS (shore)	1853	21.05
S CONUS (shore)	9374	21.41

TABLE 11
NURSE CORPS DATA BASE: GRADE

GRADE	FREQUENCY	MEAN TOUR LENGTH (MONTHS)
ENS	3516	26.4
LTJG	2157	22.78
LT	3359	25.88
LCDR	1870	28.49
CDR	660	27.73
CAPT	90	28.46

The frequency of tours and mean tour lengths by the year in which the tour ended are contained in Table 12. Due to the small number of tours involved between the years 1951 and 1959 (inclusive) the data for those years were consolidated into a single category labeled "1950's". The effects of the Vietnam War and policy changes can be seen in this table as the frequency of tours increases dramatically. The extremely high numbers of tours ending in 1974 (1414) could be the result of the reduction in force strength that occurred at the end of the Vietnam War as well as the restructuring of strategic defense plans: "winding-down" of some installations and the "beefing-up" of others. The majority (863) of these tours involved ENS's (630) and LTJG's (233).

In 1975 the Secretary of Defense began revising PCS guidelines to improve stability and reduce costs [Ref. 17]. The dramatic overall increase of mean tour lengths from this year forward are a reflection of the increased effort by the Navy to reduce PCS costs by increasing tour lengths.

In order to get a more realistic perspective of the current trends, the information in Table 10 and Table 11 was obtained for the most recent five year period and is presented in Table 13. The extremely high numbers of shore tours is consistent with the fact that the majority of NC billets are within CONUS. The high frequency of tours in the lower grades can be attributed to the fact that the majority of the authorized NC billets are in the lower grade levels as well. Also, note that CONUS tours have been shorter for these officers compared to the tours of officers in the upper three grades.

TABLE 12
NURSE CORPS DATA BASE:
YEAR, FREQUENCY, MEAN TOUR LENGTH

TOUR END YEAR	FREQUENCY of TOURS	MEAN TOUR LENGTH (MONTHS)
1950's	55	20.94
1960	37	22.57
1961	48	21.00
1962	53	24.58
1963	107	26.86
1964	98	22.21
1965	115	25.36
1966	187	25.36
1967	200	24.00
1968	286	19.80
1969	306	20.08
1970	425	20.08
1971	325	20.36
1972	382	22.38
1973	473	22.68
1974	1414	19.54
1975	810	21.53
1976	885	27.46
1977	818	28.36
1978	806	27.54
1979	748	30.57
1980	751	31.96
1981	728	30.57
1982	769	33.92
1983	826	29.61

TABLE 13
NURSE CORPS DATA BASE 1979-1983

Type Assignment	Tour Frequency	Mean
A	25	16.12
C	7	11.57
H	19	35.47
O	678	25.18
S	3093	32.95
GRADE		
ENS	1030	34.7
LTJG	596	29.71
LT	1449	28.82
LCDR	494	33.32
CDR	199	33.87
CAPT	54	32.02
TOTAL TOURS:	3822	GRAND MEAN 31.43

Table 14 addresses this same five year period in greater detail by presenting the information by individual fiscal year. This provides the opportunity to directly observe the effects of the OCONUS accompanied/unaccompanied tour length policy. For example, Adak, Alaska ("A") is (currently) either a 24 month accompanied tour or a 15 month unaccompanied tour. Therefore, in 1979 it appears that the one LTJG was on an accompanied tour, the 13 LT's on unaccompanied tours, and that the LCDR, on an unaccompanied tour, detached two months early. A similar analysis can be done for the Hawaii ("H") tours. Another complication is the PRD (projected rotation date) "window" which currently permits the issuance of orders within the time frame of one month before until two months after the PRD [Ref. 9: p.5]. Therefore, the CDR who ended a tour in Alaska ("A") in 1981 may have actually detached earlier than the minimum tour length due to the "window" effect.

Because of the variable tour lengths that are possible in OCONUS tours due to both location and accompanied/unaccompanied status, it is difficult to ascertain if personnel are fulfilling tour length obligations in Type Assignment "O" (OCONUS) tours. However, this particular presentation of the data does permit several observations. For instance, it can be noted that sea tours ("C") began in the 1981-1982 time frame. This is most probably reflective of the policy requiring nurse anesthetists (male) to serve an operational tour on board a carrier as discussed in Chapter IV. Also, the lack of ENS's completing OCONUS tours after 1981 is indicative of the policy change that now requires that their first duty station be within CONUS. Additionally, the OCONUS mean tour lengths for LTJG's have remained fairly constant, while the number of completed tours has declined sharply. This may indicate that (1) more LTJG's are spending their second tour of duty within CONUS; (2) more are separating from active duty; or (3) more LTJG OCONUS billets are being filled with LT's.

Continuing in this vein, the fluctuations in the numbers of OCONUS tours for LT's that have ended within this five year time period is apparently reflective of the multiple variable tour lengths that are possible. Interestingly, the mean tour lengths for the LTJG's through the CDR's range between 20 and 30 months with the isolated occurrence of the 33 months mean tour length for the seven CDR's in 1979. Although fewer CAPT's are represented in this data set, their OCONUS mean tour lengths fluctuated the most.

The assessment of the mean length of tours for the shore based duty stations shows that all tours except those of LTJG's are shorter in 1983 than in 1979. The overall mean tour length for all "S" designated tours for the five years in question are as follows: 32.35, 32.68, 33.97, 36.09, and 30.16 months for the years FY 1977-1983. While there has

TABLE 14
NURSE CORPS DATA BASE: 1979-1983
FREQUENCY, MEAN TOUR LENGTH, YEAR AND TYPE ASSIGNMENT BY
GRADE

		A	C	H	O	S
E N S	1979				32.18 (11)	32.73 (184)
	1980				32.97 (37)	35.02 (230)
	1981					35.96 (223)
	1982					37.74 (195)
	1983					31.41 (150)
		A	C	H	O	S
L T J G	1979	24.00 * (01) **			23.67 (46)	28.73 (107)
	1980	24.00 (01)			26.31 (29)	30.10 (85)
	1981				23.95 (21)	30.22 (92)
	1982				24.36 (14)	34.64 (94)
	1983	13.00 (01)			23.46 (05)	31.41 (150)
		A	C	H	O	S
L T	1979	15.00 (13)		30.67 (03)	22.70 (72)	29.01 (178)
	1980	17.50 (02)		37.50 (02)	23.99 (84)	28.98 (156)
	1981	17.40 (05)		33.50 (02)	22.59 (79)	32.32 (177)
	1982	15.80 (05)	11.00 (02)	35.50 (02)	25.38 (92)	35.19 (213)
	1983	17.00 (03)	10.00 (01)	51.00 (01)	26.27 (55)	28.67 (313)

TABLE 14
NURSE CORPS DATA BASE: 1979-1983 (con'd)

		A	C	H	O	S
LCDR	1979	13.00 (01)		26.00 (01)	20.64 (14)	39.64 (76)
	1980			37.00 (01)	27.26 (19)	36.80 (55)
	1981	15.00 (01)		36.00 (01)	25.48 (21)	36.82 (65)
	1982			36.00 (01)	24.15 (13)	35.75 (80)
	1983	13.00 (01)	12.00 (03)	35.00 (02)	26.33 (15)	31.10 (123)
		A	C	H	O	S
CDR	1979				33.00 (07)	41.75 (10)
	1980			24.00 (01)	29.72 (11)	34.48 (31)
	1981	14.00 (01)		51.00 (01)	24.57 (07)	34.29 (24)
	1982				21.30 (10)	38.47 (36)
	1983	11.00 (01)		38.00 (01)	22.43 (05)	29.97 (32)
		A	C	H	O	S
CAPT	1979				37.67 (03)	34.80 (10)
	1980			24.00 (01)	32.33 (03)	27.75 (04)
	1981				26.00 (01)	34.29 (07)
	1982				31.50 (04)	27.83 (06)
	1983					31.83 (15)

* MEAN TOUR LENGTH **TOUR FREQUENCY

been a demonstrated increase in tour length from 1979 through 1982, there has been a 2.17 month decline in the

1983 mean tour length compared to that of 1979. However, the dramatic increase in tour lengths in 1982 followed by the sharp decline in 1983 may be attributed to the reduction in PCS funds in FY'81 that forced the extension of many officers at current duty stations. These officers were then transferred in 1982 which produced unusually long tours ending that year for all grades except CAPT. The mean tour length in 1983, although significantly less than it was in 1982, is only slightly (by 2.19 months) below that of 1979. Also of note is that the majority of the tours terminating in 1983 were at Type Assignments classified as "S".

A word of caution is in order at this point. Table 14 includes all tours that end in a specific fiscal year. However, each ending tour does not necessarily reflect an OPS, ROT, TRA PCS move. An officer who is separating from active duty status would have a detachment date recorded for the final tour of duty. Therefore, the unusually high frequency of tours completed in 1983 may not necessarily correspond to OPS, ROT, TRA moves.

B. DISCUSSION

The Director of the Nurse Corps informed the Corps in March 1984 of changes in CONUS tour lengths and in August 1984 of changes in OCONUS tour lengths. [Ref. 9: p. 9] [Ref. 10: p. 3] These changes were reflected in the career development pathways constructed in Chapter IV. These policy changes should greatly increase the mean tour lengths observed in Table 14, especially those classified as "S" (shore). Even with the atypical increase in mean tour length in FY'82, only the ENS "S" tours meet or exceed these new standards.

VI. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSION

In examining NC career development with respect to PCS OPS ROT and TRA moves, the current PCS policy, historical costs and prior tour lengths have been reviewed. The NC's two career development pathways, Management and Clinical Practice, have been related to PCS OP ROT and TRA moves by tour number, length, and sequence utilizing five networking representations. Constraining policies and guidelines affecting the three types of PCS moves were identified and incorporated into the network representations' formulation. The models that were produced presented the possible tour sequencing that confronts the NC officer during her/his Naval career.

The rapidly changing worlds of medicine and nursing together with the expanding role of the Navy nurse require that the NC officer be prepared to accept increasing responsibility and to meet the daily challenges of military nursing. Although the necessity of PCS moves stems from national commitments, the OCONUS tours and a variety of CONUS tours give the individual officer progressively expanding experiences which greatly contribute to the creation of highly qualified Naval officers who are also professional registered nurses.

By alternating among MMTF, SMTF, Clinics, Staff, and OCONUS tours of duty, the NC officer is presented with the opportunity to explore other aspects of nursing while gaining more insight into the scope of the Naval Medical Department. The smaller duty stations in both CONUS and OCONUS help to develop the management and leadership skills

of the individual as an officer as well as encourage the more independent practice of nursing within professional guidelines. Although the facilities, patient population, and number of staff members at these duty stations may be smaller, the number of collateral duties seem to be no less than at the MMTF. There are just fewer individuals available to serve on the command and NC committees and boards required by various rules and regulations. It is this experience that broadens the clinical and administrative knowledge of the junior NC officer while permitting the increasingly senior officers the opportunity to take a more active and expanded leadership role. Consequently, tours of duty at a variety of duty stations not only permit the Navy to meet its manning requirements, but also provide the NC officer with the experience necessary to remain promotion competitive with her/his peers.

Consistent with DOD-wide findings, rotational moves, while not the most frequent, are the most costly of the three types of moves reviewed. The approximately 350 OCONUS NC billets required due to our national defense policy can be viewed as the driving force of the NC PCS movement patterns. These billets are associated with a variety of tour lengths that are shorter than the majority of CONUS billet tour lengths. Consequently, a pulling effect is created as the OCONUS billets are vacated and replacement personnel required. These tours coupled with CONUS fixed-length tours require more frequent transfer of personnel. The multiple variable tour lengths based upon location and accompanied/unaccompanied status of the OCONUS duty stations in conjunction with the changing complexion of the NC itself pose special problems in the projection of the effects of PCS changes on career development. As more NC officers choose to take accompanied OCONUS tours, tour lengths will increase, rotational moves will decrease, and fewer officers

will have the opportunity to serve in these billets. The extension of accompanied and unaccompanied OCONUS tour lengths or the tour lengths of comparable CONUS tours would have the same result. As has already been discussed, these tours to smaller facilities provide both nursing and leadership challenges that contribute greatly to the career development of the NC officer. Consequently, the temptation to increase tour lengths for the purpose of decreasing PCS costs needs to be carefully weighed against the cost to NC officer career development and the potential loss of the qualified personnel to fill the executive classified billets.

B. RECOMMENDATIONS

The following suggestions are offered for further investigation:

1. There are currently at least six possible tour lengths associated with OCONUS duty stations between accompanied and unaccompanied status. In some cases the unaccompanied tour is half as long as the accompanied tour, but this is not always the case. An assessment of these tours needs to be made with the purpose of ascertaining the necessity of so many variable tour lengths;
2. Provisions for the tracking of the number of accompanied versus unaccompanied OCONUS tours would create a data base upon which future projections could be more easily assessed;
3. With the decreasing number of LTJG's completing OCONUS tours the NOBC's for these duty stations may require review; and,
4. When contemplating the extension of tour lengths at small or isolated facilities the effect on nursing

skills obsolescence needs to be considered as well as the costs involved in ensuring that the NC officers involved receive the continuing education certification required by some states' professional nursing licensing board.

APPENDIX A

NAVAL MEDICAL COMMAND GEOGRAPHIC LOCATIONS

1. National Capital Region: Bethesda, MD
 - a) Naval Hospital Bethesda
 - b) Naval Hospital Patuxent River
 - c) Naval Medical Clinic Annapolis, MD
 - d) Naval Medical Clinic Quantico, VA
2. Southwest Region: San Diego, CA
 - a) Naval Hospital San Diego
 - b) Naval Hospital Camp Pendelton, CA
 - c) Branch Clinic Barstow, CA
 - d) Branch Hospital Twentynine Palms, CA
 - e) Naval Hospital Long Beach, CA
 - f) Branch Clinic China Lake, CA
 - g) Naval Medical Clinic Port Hueneme, CA
3. Midatlantic Region: Norfolk, VA
 - a) Naval Hospital Portsmouth, VA
 - b) Naval Hospital Camp Legeune, NC
 - c) Naval Hospital Charleston, SC
 - d) Naval Hospital Beaufort, SC
 - e) Naval Hospital Guantanamo Bay, Cuba
 - f) Naval Hospital Roosevelt Roads, Puerto Rico
 - g) Norfolk Clinics Command, Norfolk, VA
4. Northwest Region: Oakland, CA
 - a) Naval Hospital Oakland
 - b) Naval Hospital Bremerton, WA
 - c) Naval Hospital Lemoore, CA
 - d) Naval Hospital Oak Harbor, WA
 - e) Naval Medical Clinic Seattle, WA
 - f) Branch Clinic Adak, AL
5. Southeast Region: Jacksonville, FL

- a) Naval Hospital Corpus Christi, TX
- b) Naval Hospital Jacksonville, FL
- c) Naval Hospital Memphis (Millington), TN
- d) Naval Hospital Orlando, FL
- e) Naval Hospital Pensacola, FL
- f) Naval Medical Clinic Key West, FL
- g) Naval Medical Clinic New Orleans, LA
- 6. Northeast Region: Great Lakes, IL
 - a) Naval Hospital Great Lakes, IL
 - b) Naval Hospital Groton (New London), CT
 - c) Naval Hospital Newport, RI
 - d) Naval Hospital Philadelphia, PA
 - e) Naval Medical Clinic Portsmouth, NH
- 7. European Region: London, UK
 - a) Naval Hospital, Italy
 - b) Branch Clinic Pinetamare, Italy
 - c) Branch Clinic Sigonella, Italy
 - d) Naval Hospital Rota, Spain
 - e) Branch Clinic La Maddalena, Spain
- 8. Pacific Region: Pearl Harbor, HI
 - a) Naval Medical Clinic Pearl Harbor
 - b) Naval Hospital Yokosuka, Japan
 - c) Branch Clinic Iwakuni, Japan
 - d) Naval Hospital Okinawa, Japan
 - e) Naval Hospital Subic Bay, Republic of the Philippines
 - f) Naval Hospital Guam, MI
- 9. Other
 - a) COMNAVMEDCOM
 - b) OPNAV
 - c) Navy Recruiting Districts
 - d) OSD
 - e) DUINS
 - f) White House Support Branch Clinic

APPENDIX B
NAVY OFFICER BILLET CLASSIFICATION

1. Executive Nursing 0900-0919
 - a) 0905 Director of Nursing Service
 - b) 0915 Nursing Service Administrator
2. Clinical Nursing 0920-0949
 - a) 0920 Patient Care Coordinator
 - b) 0925 Clinical Specialist
 - c) 0932 Operating Room Nurse
 - d) 0935 Outpatient Care Nurse
 - e) 0940 Charge Nurse
 - f) 0944 Staff Nurse
3. Nurse Practitioners 0950-0979
 - a) 0952 Anesthetist Nurse
 - b) 0963 Primary Care Nurse Practitioner
4. Education and Research 0980-0999
 - a) 0982 Nursing Programs Educational Coordinator
 - b) 0986 Nursing Instructor
 - c) 0990 Advanced Nursing Education Officer

APPENDIX C
OVERSEAS TOUR LENGTHS

Atlantic Area	Accompanied	Unaccompanied
Bermuda	36	24
Argentia, New Foundland	24	18
Guantanamo, Cuba	24	12
Cairo, Egypt	24	18
Keflavik, Iceland	24	12
Naples, Italy	36	24
Sigonella, Italy	24	15
Pinetamare, Italy	24	15
La Maddalena, Italy	24	15
Roosevelt Roads, Puerto Rico	36	18
Rota, Spain	36	24
London, United Kingdom	36	24
Holy Loch, United Kingdom	24	18

Pacific Area	Accompanied	Unaccompanied
Adak, Alaska	24	15
Australia	36	24
Guam, MI	24	15
Hawaii	36	24
Chinhae, Korea	24	12
Yokosuka, Japan	36	24
Iwakuni, Japan	36	12
Okinawa, Japan	30	18
Sasebo, Japan	36	24
Subic Bay, Philippines	36	18

APPENDIX D

CLASSIFICATION SYSTEM FOR THE NURSE CORPS, 2900

1. Professional Nursing	1900
2. Nursing Administration	1901
3. Health Care Administration	1902
4. Nursing Education	1903
5. Nursing Research	1904
6. Counseling and Guidance	1905
7. Patient Education	1906
8. Quality Assurance	1907
9. Medical/Surgical Nursing	1910
10. Medical Nursing	1911
11. Surgical Nursing	1912
12. Cardiovascular Nursing	1913
13. Respiratory Care	1914
14. Physiology	1915
15. Maternal and Child Health	1920
16. Obstetrical Nursing	1921
17. Pediatric Nursing	1922
18. Newborn Nursing	1923
19. Neuropsychiatric Nursing	1930
20. Orthopedic Nursing	1935
21. Community Health Nursing	1940
22. Occupational Health Nursing	1942
23. Emergency Nursing	1945
24. Operating Room Nursing	1950
25. Epidemiology	1952
26. Critical Care Nursing	1960
27. Surgical Intensive Care Nursing	1961
28. Medical Intensive Care Nursing	1962
29. Coronary Care Nursing	1963

30. Neonatal Intensive Care Nursing	1964
31. Hemodialysis Nursing	1965
32. Transplant Surgical Nursing	1966
33. Open Heart Surgical Nursing	1967
34. Hyperbaric Nursing	1970
35. Anesthesia	1972
36. Pediatric Nurse Practitioner	1974
37. Adult Health Nurse Practitioner	1975
38. Family Nurse Practitioner	1976
39. Chronic Illness Nurse Clinician	1977
40. OB/GYN Nurse Practitioner	1980
41. Nurse Midwife	1981

Subspeciality Code Suffixes

1. PhD Level Education	D
2. Baccalaureate Level Education	E
3. American Nursing Association Certification	K
4. Master's Level Education	P
5. Significant Experience	S
6. Training Billet	T
7. Basic Nursing Preparation	U
8. Formal Preparation and/or Certification beyond Basic Nursing in an Approved Program	V

Subspeciality Codes

1. Any Discipline	0000
2. Management (General)	0030
3. Manpower and Personnel Analysis	0033
4. Manpower and Personnel Management	0036
5. Education and Training Management	0037
6. Human Resource Management	0038
7. Operations Analysis	0042

8. Computer Technology (General)	0090
9. Computer Science	0091
10. Computer Systems Management	0095

APPENDIX E
OVERSEAS NURSE CORPS BILLETS

The following two tables provide a breakdown of NC billets by location, grade, and subspecialty requirements.

TABLE 15
OVERSEAS NURSE CORPS BILLETS: ATLANTIC

	Grade 0-1	0-2	0-3	0-4	0-5	0-6
<u>NRMCL</u>						
Guantanamo Bay, Cuba	0	5 X	1 O 1 NP 1 A 3 X	2 X	1 X	0
Naples, Italy	0	12 X	2 A 1 O 1 E 1 OB 1 P 9 X	3 X	0	1 X
Roosevelt Roads, Puerto Rico	0	15 X	1 A 1 O 1 E 1 OB 10 X	1 O 3 X	2 X	0
Rota, Spain	0	7 X	2 A 1 O 1 OB 8 X	3 X	1 X	0
<u>NRMCL</u>						
Segonella, Italy	0	2 X	1 OB 1 X	1 X	0	0
Pinetamare, Italy	0	0	1 X	1 X	0	0

TABLE 15 (Continued)

OVERSEAS NURSE CORPS BILLETS: ATLANTIC

La Maddalena, Italy	0	0	1 X	1 X	0	0
Cairo, Egypt	0	0	0	1 X	0	0
London	0	0	0	1 X	0	0
Argentina	0	0	1 X	0	0	0
Keflavik	0	3 X	1 O 1 A 2 X	1 A 1 X	1 X	0
Bermuda	0	0	0	1 X	0	0
Holy Loch	0	0	0	0	0	0

Legend:

A Anesthesia
E Education
F Family
O Operating Room
OB OB/GYN
P Pediatrics
X All others

TABLE 16
OVERSEAS NURSE CORPS BILLETS: PACIFIC

Grade		0-2	0-3	0-4	0-5	0-6
<u>NRMCL</u>						
Guam	0	19 X	1 A 1 O 14 X	1 F 1 E 1 O 6 X	2 F 1 O	0
	0	1 O 24 X	2 A 2 O 15 X	1 O 8 X	1 A 5 X	1 X
Subic Bay, RP	0	9 X	1 A 1 O 9 X	1 E 1 O 5 X	2 X	0
	0	17 X	1 A 2 O 12 X	1 A 1 O 5 X	1 X	1 X
<u>NRMCL</u>						
Pearl Harbor, HI	0	1 X	7 X	7 X	1 F 1 X	1 X
	0	3 X	1 A 2 X	1 X	1 X	0
Iwakuni, Japan	0	1 X	2 X	1 X	1 X	0
	1 X	0	0	0	0	0
Sasebo, Japan	0	0	12 A	0	0	0
Carriers	0	0	0	0	0	0
Korea	0	0	0	0	0	0

TABLE16 (Continued)
OVERSEAS NURSE CORPS BILLETS: PACIFIC (con'd)

3d FSSG	0	1 X	1 A	0	0	0
Diego Garcia	0	0	0	1 X	0	0
Harold Holt, Australia	0	0	2 X	0	0	0

Legend:
A Anesthesia
E Education
F Family
O Operating Room
OB OB/GYN
P Pediatrics
X All others

APPENDIX F
PROJECTED PROMOTION PLAN

This appendix contains the NC projected promotion figures for FY 1984-1988 as determined by Manpower Analysis Branch, Code 512, Naval Medical Command.

TABLE 17

PROJECTED PROMOTION PLAN

	FY84	FY85	FY86	FY87	FY88	FY89
C Authorizations	65	70	82	90	95	95
A Promotion Percentage	60%	60%	60%	60%	60%	60%
P Promotion Flow Point	21-6	21-5	21-6	21-8	21-7	21-8
T Number in Zone	26	20	30	26	33	31
Number to Select	16	12	18	16	20	19
C Authorizations	213	245	274	290	294	294
D Promotion Percentage	77%	70%	70%	70%	70%	70%
R Promotion Flow Point	15-2	15-6	15-8	15-10	16-0	16-3
Number in Zone	54	51	74	72	75	80
Number to Select	42	36	52	50	53	56
L Authorizations	615	725	779	799	772	772
C Promotion Percentage	80%	80%	80%	80%	80%	80%
D Promotion Flow Point	9-7	9-10	10-3	10-9	11-0	11-0
R Number in Zone	126	105	126	107	74	79
Number to Select	101	84	101	86	59	63

TABLE 17
PROJECTED PROMOTION PLAN (con'd)

		FY84	FY85	FY86	FY87	FY88	FY89
L	Authorizations	850	975	1196	1384	1510	1510
T	Promotion Percentage	100%	100%	100%	100%	100%	100%
	Promotion Flow Point	4-0	4-0	4-0	4-0	4-0	4-0
	Number in Zone	133	66	100	200	200	250
	Number to Select	133	66	100	200	200	250
L	Authorizations	776	894	850	752	607	607
T	Promotion Percentage	100%	100%	100%	100%	100%	100%
J	Promotion Flow Point	2-0	2-0	2-0	2-0	2-0	2-0
G	Number in Zone	139	334	400	300	300	300
	Number to Select	139	334	400	300	300	300
E	Authorizations	335	390	478	554	606	606
N	Promotion Percentage	NA	NA	NA	NA	NA	NA
S	Promotion Flow Point	NA	NA	NA	NA	NA	NA
	Number in Zone	NA	NA	NA	NA	NA	NA
	Number to Select	NA	NA	NA	NA	NA	NA

NA = nonapplicable

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